



Docket No. 78624/JPW/YC

JPW

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Tamir Ben-David, et al.Serial No. : 10/719,659 Examiner: M. BockelmanFiled : November 20, 2003 Group Art Unit: 3766For : SELECTIVE NERVE FIBER STIMULATION FOR TREATING HEART CONDITIONS

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: January 7, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

- \_\_\_\_ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- \_\_\_\_ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- \_\_\_\_ No additional fee is required.

The filing fee is calculated as follows:

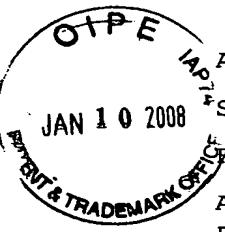
	Number after Amendment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	85 -	* 113 = ***	0 X	\$25	\$50	= 0	
Independent Claims	2 -	** 31 = ***	0 X	\$105	\$210	= 0	
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$185	\$370	= 0	
				TOTAL ADDITIONAL FEE \$ 0			

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".



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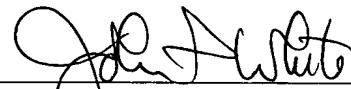
The following are also enclosed:

- One additional copy of this Amendment Transmittal Letter
- Return Receipt Postcard
- An Information Disclosure Statement, including Form PTO-1449  
(Copies of citations included: Yes \_\_\_\_\_ No \_\_\_\_\_  
and a fee of \$ \_\_\_\_\_ included)
- A Petition for an Extension of Time, including a fee of  
\$ 120.00 for a Petition for 1 Month(s) Extension of Time
- Other (identify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

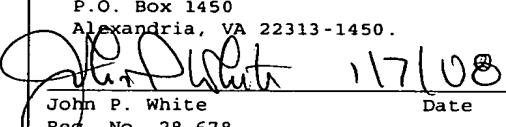
THE TOTAL FEE DUE IS \$ \_\_\_\_\_.

- A check in the amount of \$ 120.00 is enclosed.
- Please charge Deposit Account No. \_\_\_\_\_ in the amount of  
\$ \_\_\_\_\_.
- The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:
- Fees under 37 C.F.R. §1.16 for the presentation of extra claims  
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

  
John P. White  
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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

  
John P. White Date  
Reg. No. 28,678